

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 67

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Denton md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 35 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... Caroline
 City or town..... Denton
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Christopher Bizer

3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Fannie Bizer

7. Birth date of deceased (mo., day, yr.)

April 19th 1887

6. (c) If alive, give age..... years

65

8. AGE:

Years

Months

Days

If less than one day

59814

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Blacksmith

11. Industry or business

FATHER

12. Name

Alvin Bizer

13. Birthplace

Germany

14. Maiden name

Barbara Buefle

15. Birthplace

Germany

16. Informant

Mrs. Chris Bizer

Address

Denton, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

1-7-47
(month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton, Md.

18. Funeral director

J. Edgar Grooms & Son

Address

Denton, Md.

19.

(Date rec'd by registrar)

1/747M. D. P. Grooms

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 3 1947, at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 26 1946, to January 3 1947and that I last saw him alive on January 2 1947

Immediate cause of death

Carcinoma of Bladder

DURATION

6 mo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma BladderDate of op. Oct. 1946

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE.....

J. Paul Korth md

M. D. or other

Address..... Denton md Date signed 1/7/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6015

1. PLACE OF DEATH:

County... Caroline
 City or town... Seedsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 mos.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph J. Fountain

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male colored infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 9 1946

8. AGE: Years Months Days If less than one day
3 23 hrs. min.9. Birthplace Easton Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Henry S. Fountain13. Birthplace Delaware14. Maiden name Annabelle Thuston15. Birthplace Greensboro Md.16. Informant Annabelle Fountain
Address Seedsboro Md.17. Burial Date thereof Jan. 3 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory MissionLocation New Greensboro Md.18. Funeral director Raymond B. Rawlings
Address Greensboro Md.19. Jan. 3 1947 AClash Smith
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Caroline
 City or town Seedsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1947 at 2:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30, 1946 to Jan. 2, 1947
and that I last saw him alive on Jan. 1, 1947Immediate cause of death Diarrhea DURATION 24

Due to

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. St. George
M. D. or otherAddress Greensboro Md. Date signed Jan 3 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 003740

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred:
Preston Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Preston Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

George M. Harper

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Sallie C. Harper
 7. Birth date of deceased (mo., day, yr.) July 27, 1858 6.(c) If alive, give age - years
 8. AGE: Years 89 Months 5 Days 18 If less than one day - hrs. - min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business Farm

12. Name John Harper
 13. Birthplace Dorchester County, Maryland
 14. Maiden name Eliza McAlister
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. C. G. Bradley
 Address Federalburg, Maryland, R.F.D.

17. Burial Date thereof January 17, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Saint Paul Cemetery
 Location Near Hurlock, Maryland

18. Funeral director J. S. Frampton and Son
 Address Federalburg, Maryland

19. January 17, 1947 S. S. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1947 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8, 1947 to January 15, 1947
 and that I last saw him alive on January 15, 1947

Immediate cause of death Chronic Myocardial
degeneration

DURATION

1 yr +Due to ageDue to age

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

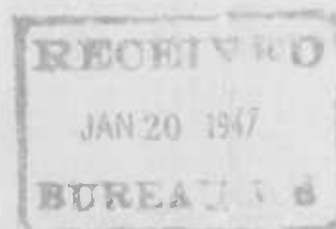
23. SIGNATURE

W. C. Harrison MD

M. D. or other

Address

Hurlock Md.Date signed 1/17/47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? full life
 Hospital, institution, or street address where death occurred:
N. Main St.
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION) no
 2.(a) If veteran, name war..... no

3. (a) FULL NAME

George W. Johnson

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Edith Johnson
 6.(c) If alive, give age 71 years
 7. Birth date of deceased (mo., day, yr.) March 23, 1873
 8. AGE: Years 73 Months 9 Days 15 If less than one day
hrs.min.

9. Birthplace Concord, Md.
 (Town, county, and state)
 10. Usual occupation Painter
 11. Industry or business

FATHER 12. Name Caleb Johnson
 13. Birthplace Md.
 MOTHER 14. Maiden name Emily Voss
 15. Birthplace Md.

16. Informant Mrs. Edith Johnson
 Address Federalsburg, Md.

17. Burial Burial Date thereof I-II-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hillcrest Cem.
 Location Federalsburg, Md.

18. Funeral director J. Harvey Williamson
 Address Federalsburg, Md.

19. Jan 10 19 47
 (Date rec'd by registrar) J. X. Garrison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 19 47 at 4.30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1st 19 46 to Jan 8 19 47
 and that I last saw him alive on Jan 8 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION chronic
 Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE Frank M. Anderson M.D. M. D. or other
 Address Federalsburg Md. Date signed 1/9/47

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JAN 18 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
214 West Central Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 214 West Central Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary E. Kinder

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Edgar L. Kinder
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) February 22, 1856
 8. AGE: Years 90 Months 11 Days 3 It less than one day - hrs. - min.

9. Birthplace Chester, Pennsylvania
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home
 FATHER 12. Name William F. Cutler
 13. Birthplace Massachusetts
 MOTHER 14. Maiden name Eliza Younker
 15. Birthplace Chester, Pennsylvania
 16. Informant Mrs. Charles F. Handy
 Address Federalburg, Maryland
 17. Burial Date thereof January 28, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bridgeville Cemetery
 Location Bridgeville, Delaware
 18. Funeral director J. J. Frampton & Son
 Address Federalburg, Maryland
 19. January 28, 1947 S. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1947 at 10:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 25, 1947 to 1/25, 1947
 and that I last saw him alive on 1/25, 1947

Immediate cause of death Cornary Thrombosis DURATION 2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

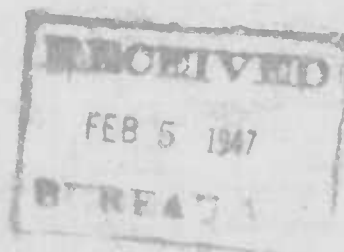
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson MD M. D. or otherAddress Federalburg MD Date signed 1/28/47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0037730

1. PLACE OF DEATH:

County... Caroline
 City or town... Preston, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline

City or town... Preston (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

HERMAN LUBBA

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married8.(b) Name of husband or wife... Emma Lubba

7. Birth date of deceased (mo., day, yr.) December 4, 1869
 6.(c) If alive, give age... 73 years

8. AGE: Years 77 Months 26 Days 26 If less than one day
 hrs. min.

9. Birthplace... Ashmer, Germany
 (Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business

12. Name... John Henry Lubba13. Birthplace... Germany14. Maiden name... Anna Marie Freksmeyer15. Birthplace... Germany16. Informant... Wm. H. Lubba

Address... Preston, Md.

17. Burial Date thereof... Jan. 4, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Spring Hill CemeteryLocation... Easton, Md.18. Funeral director... H. M. Hollis

Address... Preston, Md.

19. January 3, 1947 Charles Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 1 19 47 at 11:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/18 19 40 to 1/1 19 47

and that I last saw him alive on December 30 19 46

Immediate cause of death... Acute dilatation of heart
 DURATION 1 min.

Due to... Chronic Myocarditis 10 yrs.

Due to...

Other conditions... Had an acute coronary occlusion in 1940

(Include pregnancy within 8 months of death)

Major findings of operations...
 Date of op.

Autopsy results... No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE... [Signature]

M. D. or other

Address... [Signature] Date signed... 1/3/47

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JAN 6 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6600

1. PLACE OF DEATH:
 County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Thomas town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME John Henry Mathews

3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Lucy
 7. Birth date of deceased (mo., day, yr.) Jan 7 - 1860
 8. AGE: Years 87 Months 0 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Hillsboro, Queen Anne's, Md.
 (Town, county, and state)
 10. Usual occupation Laborer

11. Industry or business

12. Name E. Lick Mathews
 13. Birthplace Md.

14. Maiden name Rebecca Wright
 15. Birthplace Md.

16. Informant Elizabeth Brown
 Address 1431 Calver St. Phila. Pa.

17. Burial Burial Date thereof 1/16/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Sandtown
 Location Near Hillsboro

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Md.

19. Jan '6 1947 J. S. Davis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1947 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3, 1946 to Jan 11, 1947
 and that I last saw him alive on Jan 11, 1947

Immediate cause of death Chronic Myocarditis
 DURATION (2)

Due to Chronic Bronchitis

Due to C.V. Disease

Other conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

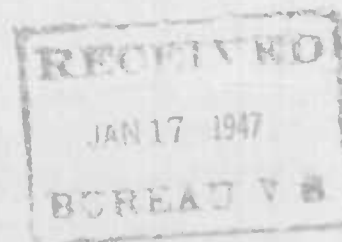
Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John H. Mathews
 M. D. or other _____

Address Greensboro, Md. Date signed 1947



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on file
109-3/26/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 612

1. PLACE OF DEATH:

County... DentonCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Chester Montgomery

3. (b) Social Security Number

4. Sex M5. Color or race W.6. (a) Single, married, widowed, or divorced widower6. (b) Name of husband or wife Clarence Hooper (Dec. 1, 1947)7. Birth date of deceased (mo., day, yr.) Nov 3rd 1873

6. (c) If alive, give age years

8. AGE: Years 73 Months 7 Days 17 hrs. min.9. Birthplace Chester County Pa.
(Town, county, and state)10. Usual occupation Retired Butcher

11. Industry or business

12. Name Daniel Montgomery13. Birthplace Pa.14. Maiden name Lena Brown15. Birthplace Pa.16. Informant Nurse Olive BrindervilleAddress Denton Ind.17. Burial Date thereof 1-22-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Friends Meeting HouseLocation Law Garden Pa.18. Funeral director J. Virgil Moore & SonAddress Denton Ind.19. 1/21 19 47 W.D. Jense
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 19 47 at 12:30A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 19 47 to Jan 20 19 47
and that I last saw him alive on January 18 19 47Immediate cause of death Septicemic heart disease with coronary sclerosis.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Paul Smith MDAddress Denton Ind M. D. or otherDate signed 1/21/47

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JAN 28 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 years
 Hospital, institution, or street address where death occurred:
102 South Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 102 South Main Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Ruth N. Phillips

3. (b) Social Security Number

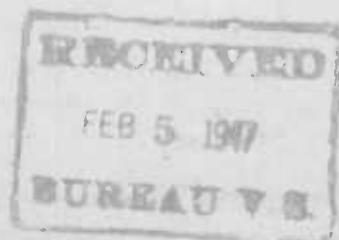
218-20-8059

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Floyd Phillips
 7. Birth date of deceased (mo., day, yr.) December 27, 1899 6. (c) If alive, give age 52 years
 8. AGE: Years 47 Months 0 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Hurlock, Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Housekeeper11. Industry or business P. A. Croce Feed CompanyFATHER 12. Name Osteria Nichols13. Birthplace Dorchester County, MarylandMOTHER 14. Maiden name Lydia Wrightson15. Birthplace Talbot County, Maryland16. Informant Floyd PhillipsAddress Federalburg, Maryland17. Burial Date thereof January 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Washington CemeteryLocation Near Hurlock, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. January 29, 1947 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1947 at 4:45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17, 1946 to Jan 28, 1947
and that I last saw him/her alive on Jan 28, 1947Immediate cause of death Acute Pulmonary Edema DURATION 4 hr.Due to Metastatic Carcinoma Aug 1946Due to Primary Carcinoma Left Breast
Excised Aug 13/1946Other conditions _____
(Include pregnancy within 8 months of death)Major findings of operations Carcinoma Left Breast
With general metastases Date of op. Aug 13/1946Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____23. SIGNATURE W. E. Larrison MD M. D. or other
Address Federalburg Md Date signed 1/29/47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00381

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:
Near Millington
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Millington
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary R. Ringe

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Louis Ringe
 6.(c) If alive, give age. - years
 7. Birth date of deceased (mo., day, yr.) July 10, 1848
 8. AGE: Years 98 Months 5 Days 29 If less than one day
hrs. min.

9. Birthplace Philadelphia, Pennsylvania
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home
 FATHER 12. Name Christian Reichman
 13. Birthplace Prussia
 MOTHER 14. Maiden name Sophie Charlotte Von Helmerding
 15. Birthplace Prussia

16. Informant Miss Mary R. Ringe
 Address Denton, Maryland, R.F.D.
 17. Removal Date thereof January 10, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory West Laurel Hill Cemetery
Philadelphia, Pennsylvania
 Location
 18. Funeral director J. J. Frampton & Son
 Address Federalburg, Maryland
 19. Jan 10 1947
 (Date rec'd by registrar) Registrar M. D. D. Gessner

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1947, at 2:55 P. M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Jan 9 1947 to Jan 9 1947
 and that I last saw him alive on January 9 1947
 Immediate cause of death Lobar pneumonia
 DURATION 3 days
 Due to
 Due to
 Other conditions arterio sclerosis 12 yr
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur?
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE L. Paul Kwoth M.D.
 Address Denton Md Date signed 1/10/47
 M. D. or other

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JAN 16 1947

BUREAU 78

2-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:

County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near Concord

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Concord
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William E. Satterfield

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Grace Satterfield6. (c) If alive, give age 69 years

7. Birth date of

deceased (mo., day, yr.)

November 16, 1870

8. AGE:

Years

76

Months

2

Days

3

If less than one day

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name John Satterfield13. Birthplace Caroline County, Maryland

MOTHER

14. Maiden name Maria Sullivan15. Birthplace Caroline County, Maryland

16. Informant

Mrs. Grace SatterfieldAddress Federalburg, Maryland, R.F.D.

17.

(Burial, cremation, or removal. Which?)

BurialDate thereof January 21, 1947
(month) (day) (year)

Cemetery or crematory

Shie Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

January 21, 1947J. J. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1947 at 8:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 11, 1947 to January 19, 1947
and that I last saw him alive on January 19, 1947

Immediate cause of death

Arteriosclerosis

DURATION

2 yr +

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

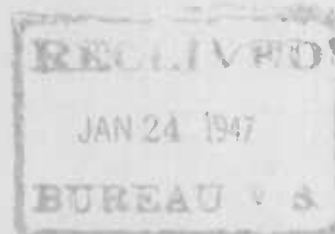
23. SIGNATURE

J. J. Frampton and Son

M. D. or other

Address

Denton, Md.Date signed 1/21/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Jane Maria Smith

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Alfred Smith
 7. Birth date of deceased (mo., day, yr.) May 11, 1856 6.(c) If alive, give age _____ years
 8. AGE: Years 90 Months 8 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Ind.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Bratt
 13. Birthplace Baltimore, Ind.
 14. Maiden name Mary A. Bell
 15. Birthplace Baltimore, Ind.

16. Informant Dr. Paul Smith
 Address Wilmington Del.

17. Burial Date thereof Feb 2, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Caroline
 Location Graves, Delaware

18. Funeral director Virgil Moore & Son
 Address Denton, Ind.

19. 2/2/47 Wm O George
 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1947 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20, 1929 to January 30, 1947
 and that I last saw him alive on January 30, 1947

Immediate cause of death arteriosclerosis
 DURATION 10 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

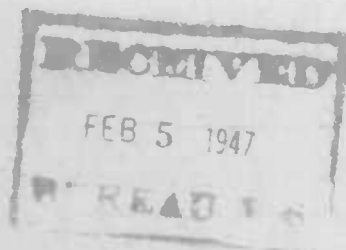
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Dr. Paul Smith MD

Address Denton Ind Date signed Feb 1-1947
 M. D. or other _____



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: *Caroline*
 County.....
 City or town.....*Preston Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*49 yrs.*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For new-born infants give residence of mother)
 State.....*Maryland* County.....*Caroline*
 City or town.....*Preston Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Ethel Hopkins Towers*

3. (b) Social Security Number

4. Sex.....*F.* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Married*
 8. (b) Name of husband or wife.....*C. H. Towers*
 6. (c) If alive, give age.....*70* years
 7. Birth date of deceased (mo., day, yr.).....*Nov. 30, 1876*
 8. AGE: Years.....*70* Months.....*1* Days.....*17* If less than one day..... hrs. min.

9. Birthplace.....*Hobbs Caroline Md.*
 (Town, county, and state)
 10. Usual occupation.....*House wife*
 11. Industry or business.....
 12. Name.....*Johnson E. Towers*
 13. Birthplace.....*Md.*
 14. Maiden name.....*Ethel Callaway*
 15. Birthplace.....*Md.*

10. Informant.....*C. H. Towers*
 Address.....*Preston, Md.*
 17. *Burial* Date thereof.....*1/18/47*
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory.....*Denton*
 Location.....*Denton Md.*
 18. Funeral director.....*Raymond B. Rawlings*
 Address.....*Greensboro, Md.*
 19. *Jan. 16, 1947* Registrar.....*Wm D O George*
 (Type rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*January 16, 1947* at.....*2 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*Jan 15, 1947* to.....*Jan 16, 1947*
 and that I last saw him/her alive on.....*Jan 14, 1947*

Immediate cause of death.....

DURATION

Due to.....*Pulmonary Tuberculosis*.....*15 yrs*

Due to.....

Other conditions.....*Arterio sclerosis*.....*10 yrs*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Susan O George* M. D. or otherAddress.....*Denton* Date signed.....*1/16/47*

RECEIVED

JAN 21 1947

BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

00385

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
County Queen Anne's
City or town Life
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Ind. County Caroline
City or town Queen Anne's Ind.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME J. E. Willis

3. (b) Social Security Number
212-14-3981

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife No Record

6. (c) If alive, give age 87 years
7. Birth date of deceased (mo., day, yr.) Nov. 15, 1859

8. AGE: Years 87 Months 1 Days 22 If less than one day
hrs. min.

9. Birthplace Caroline Ind.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

12. Name J. E. Willis

13. Birthplace Ind.

14. Maiden name No. Bend

15. Birthplace Ind.

16. Informant James Willis

Address Lansdown Pa.

17. Burial Date thereof 1 9 47
(Burial, cremation, or removal. Whichever) (month) (day) (year)

Cemetery or crematory Queen Anne's

Location Queen Anne's Ind.

18. Funeral director Raymond B. Ramey

Address Queen Anne's Ind.

19. Jan. 9 1947 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1947 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4 1947 to Jan. 6 1947 and that I last saw him alive on January 6 1947

Immediate cause of death Cerebral Hemorrhage
Chronic Hemiplegia DURATION 46 hrs

Due to Cerebral Hemorrhage
Due to Cardiovascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles R. Stouffer M. D. or other

Address Queen Anne's, Ind. Date signed 1-5-47

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JAN 11 1947

BUREAU OF

1-25